UZ LEUVEN | RADIOLOGIE

Patient questionnaire for MR examination

Your physician has requested a MR examination. For this procedure you will be exposed to a strong magnetic field.
For your own safety we ask that you complete this questionnaire as correctly and completely as possible in order to trace any possible contraindication prior to the examination.
Please bring this form with you and give it to the person in charge of the examination. If this document is not properly filled out, for your own safety, the examination cannot take place.

1. Do you have a pacemaker or an implanted defibrillator? Cardiac monitor? Stayed behind leads? Yes No
2. Do you have an ear implant / a cochlear implant? Yes No
3. Do you have an insulin or implanted pump, a neurostimulator or VP shunt? Stayed behind leads? Yes No
4. Do you have any metallic object in your eyes (metallic fragments) or metal elsewhere in your body (bullet, lead, shrapnel, chirurgical implants, temporary breast implant with magnetic entry? Yes No

IF YOUR ANSWER IS 'YES' TO AT LEAST ONE OF THE ABOVE QUESTIONS, PLEASE CONTACT THE DEPARTMENT OF RADIOLOGY AS QUICKLY AS POSSIBLE, DURING OFFICE HOURS BY TELEPHONE 016/34 36 60.

5. Are you a diabetic, wearing a sensor sticker for glucose measurement Yes No
   If yes, please contact us at 016/34 36 59 or 016/34 36 60 for an appointment as close as possible to the day you change your sticker.
6. Is your MR appointment planned when you will wear an on-body injector for Neulasta (chemo therapy)? Yes No
   If yes, please contact us at 016/34 36 59 or 016/34 36 60 for rescheduling.
7. Do you have a hearing aid? Yes No
8. Do you have an artificial heart valve? Yes No
9. Do you have a joint replacement, dental prosthesis or dentures? Yes No
10. Do you have a port catheter? Yes No
11. Have you ever had brain surgery? Yes No

    Type of surgery – clips: ……

Please also read, complete and sign the back side/second page

12. Have you had an organ transplant? Yes No
13. Have you ever had vascular surgery (blood vessel operation / blood vessel catheter?) Yes No
14. Do you have medication patches on your body? Do you wear a bandage containing silver or with metal fastening? Yes No
15. Do you have a tattoo, (permanent) eye make-up or piercing? Yes No
16. Do you wear a wig/hair extensions or spray hair paint on bold spots? Yes No
17. Are you allergic to any contrast agent? Yes No
18. Are you pregnant or breastfeeding? Yes No
19. Do you suffer from poorly functioning kidneys (renal insufficiency)? Yes No
20. Do you have glaucoma (eye-disease)? Yes No
21. Did you ever have adverse reaction on Buscopan (muscle relaxant) Yes No

Please <u>remove all metal objects</u> (body piercing jewellery, jewellery) from your body and leave these in the dressing room, together with your <u>identity card, bank cards, coins, belts, keys and cell phone.</u>
If you have body piercing jewellery or other jewellery that cannot be removed easily, please inform the MR staff.
Golden/silver rings that are difficult to remove, may remain at your finger.

Do **<u>not wear clothing containing metal particles</u>** during the MR scan, ask for a disposable gown if necessary.
Do **<u>not wear anti-bacterial clothing</u>** (e.g. underwear, socks, sports apparel). The fabric contains silver thread interfering with MR.

I DECLARE THAT THE ABOVE MENTIONED INFORMATION IS CORRECT ON THE DATE OF THE SCHEDULED PROCEDURE.

Patient name: ……. Height: ….. m ….. cm Weight: ….. kg

Date of birth: …….

Name (patient or parent/guardian or Physician) Date **examination** Signature

……...…… …. / …. / …. ……